

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jesse Bushman

Signature of Treasurer

Jesse Bushman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2016 To: M M / D D / Y Y Y Y Y 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2016		<span style="border: 1px solid black; padding: 2px;">182787.62</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">225974.97</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1575.00</span>	<span style="border: 1px solid black; padding: 2px;">53333.50</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">227549.97</span>	<span style="border: 1px solid black; padding: 2px;">236121.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">4095.51</span>	<span style="border: 1px solid black; padding: 2px;">12666.66</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">223454.46</span>	<span style="border: 1px solid black; padding: 2px;">223454.46</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	1575.00	53333.50
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	1575.00	53333.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1575.00	53333.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1575.00	53333.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1575.00	53333.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	95.51	526.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	95.51	526.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	12000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	140.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	140.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4095.51	12666.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4095.51	12666.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1575.00	53333.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1575.00	53193.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	95.51	526.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	95.51	526.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Barbara Anderson**

Mailing Address 4263 Quail Rd.

City  
Riverside

State  
CA

Zip Code  
92507-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self employed

Nurse-midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 / 01 / 2016

**Transaction ID : SA11AI.12665**

Amount of Each Receipt this Period

100.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Wreatha Carner**

Mailing Address 1828 Imperial Ridge

City  
Las Cruces

State  
NM

Zip Code  
88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NM Dept.Heal.,Fam.Heal.Bureau

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2016

**Transaction ID : SA11AI.12666**

Amount of Each Receipt this Period

100.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Katherine L Dawley**

Mailing Address 235 Pelham Road

City  
Philadelphia

State  
PA

Zip Code  
19119-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2016

**Transaction ID : SA11AI.12669**

Amount of Each Receipt this Period

500.00

☐ Memo Item

June 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Rachel Depart**

Mailing Address 1148 Circle Drive

City

Tallahassee

State

FL

Zip Code

32301-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NewLIFE

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11Al.12677

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Jane Dyer**

Mailing Address 2660 Barbey Drive

City

Salt Lake City

State

UT

Zip Code

84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 02 / 2016

Transaction ID : SA11Al.12668

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Alice Hermanson**

Mailing Address 5312 Unaka Ave

City

Charlotte

State

NC

Zip Code

28205-7467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baby+Company

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11Al.12676

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. BreAnne Huss**

Mailing Address 3621 W Thorndale Loop

City

Coeur D Alene

State

ID

Zip Code

83815-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11Al.12682

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Tanya Ignacio**

Mailing Address P.O. Box 80685

City

Fairbanks

State

AK

Zip Code

99708-0685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Interior Women's Health

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11Al.12678

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Christine Just**

Mailing Address 34 Chase Drive

City

Sharon

State

MA

Zip Code

02067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Senior Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11Al.12670

Amount of Each Receipt this Period

100.00

☐ Memo Item

June 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Emily Evans MacLaury**

Mailing Address PO Box 1309

City

Quechee

State

VT

Zip Code

05059-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Generations Womens Health Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2016

Transaction ID : SA11AI.12681

Amount of Each Receipt this Period

25.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy J. Macmorris-Adix**

Mailing Address 1535 State St

City

Salem

State

OR

Zip Code

97301-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Silverton Health Wmn's Health

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2016

Transaction ID : SA11AI.12679

Amount of Each Receipt this Period

100.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Dana B Perlman**

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwifery Inst of Philad Univ

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

Transaction ID : SA11AI.12667

Amount of Each Receipt this Period

250.00

☐ Memo Item

June 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Carol Roedocker**

Mailing Address 912 Wild Cherry Lane

City State Zip Code  
 Fort Collins CO 80521-1365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Thirteenth Moon Midwifery

Occupation  
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11AI.12675

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Cecilia Wachdorf**

Mailing Address 3554 Polk St NE

City State Zip Code  
 Minneapolis MN 55418-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Dept of Health

Occupation  
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11AI.12673

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Lisa White**

Mailing Address 5016 Watercrest Rd Apt 2201

City State Zip Code  
 Killeen TX 76549-6296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation  
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11AI.12683

Amount of Each Receipt this Period

50.00

☐ Memo Item

June 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

1575.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 7810 Old Branch Avenue

City Clinton      State MD      Zip Code 20735

Purpose of Disbursement  
Bank of America fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2016
**Transaction ID : SB21B.12684**

Amount of Each Disbursement this Period

35.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paypal INC**

Mailing Address 4100 Solutions Center #774100

City Chicago      State IL      Zip Code 60677

Purpose of Disbursement  
PayPal fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2016
**Transaction ID : SB21B.12685**

Amount of Each Disbursement this Period

59.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

95.51

**TOTAL** This Period (last page this line number only)..... ►

95.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**FRIENDS OF SCHUMER**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 00

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2016

**Transaction ID : SB23.12686**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARTIN TREVOR HEINRICH**

Mailing Address PO BOX 25763

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MARTIN TREVOR HEINRICH**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NM	District: 00

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.12689**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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4000.00
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